Best Practice in Case Management

MOVING TO CONFLICT FREE CASE MANAGEMENT (CFCM)

WYOMING - PREPARING FOR WAIVER REDESIGN

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So....



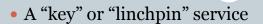
- When someone needs something?
- When an emergency arises?
- When something goes wrong?
- When someone is at risk?
- When you just cannot find that critical piece of paper?
- When it's just not working?
- When "it just ain't right"?



CASE MANAGERS!!!

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Case Management is..





- Case managers act as an agent of the state human services system *and* an agent of the individual (first) and family
 - The "system" needs case management to keep the world running
 - The individual and family rely on case management to help them build and sustain their lives

System Functions: Agent of the State

(some of which work for individuals as well...)

- Case managers are at the "front door" to the system
- Case managers are the front line on monitoring, quality compliance, outcomes and safety
 - They are the "eyes and ears" for the system (and the person too)
- Upholding key Medicaid requirements such as:
 - Informed choice and freedom of choice
 - Assuring rights

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System Functions





- Keep the paperwork tidy which..
- Keeps the money flowing by doing things like
 - × Level of care screens
 - × CMS required annual reviews
 - * Assuring people keep financial eligibility for Medicaid
 - * Assuring individuals plans match billing—and much more



Individual and Family Functions:

Agent of the Person

On behalf of the individual and family

- Engage in high quality, person-centered planning that keeps the *full* focus on the person
- Be the frontline for information and assistance in figuring things out
- Be a source of knowledgeable and thoughtful strategies to help folks with what is important to them and for them
- Be the one who "navigates through community resources on behalf of the individual and in consultation with the family
- Be the front person for solving system problems of outcomes and quality on behalf of the individual and family
- And generally help make the world go 'round!

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Everyone says they do person centered planning, but...

- Then why do so many individuals' plans look alike???
- True PCP is messy, time consuming, HIGHLY rewarding, effective, and starts from the get-go with a different conversation
- Not about picking services...
- All about designing a life

Case Management and Person Centered Planning

- The quality of case management is of course essential to person-centered planning (PCP)
- The case manager's core responsibility is assuring that what is important to and for the person is addressed based on the individual's preferences, and desired outcomes
- PCP is not "fitting" the person to the system, it's *finding a fit* between the person's needs and preferences and paid/unpaid/generic support and service responses.

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What Makes for Good Person-Centered Case Management

- Case management is only as strong as the skills, support, technical assistance, and authority they have—so:
 - Case management standards, values, and expectations must be clear and consistent
 - This means continuous training and oversight from the state
 - Example: Missouri's intensive, on-going training and technical assistance to case managers
 - × Example: Arizona's focus on teaching case managers
 - ■ Oregon's decades-long investment in person-centered planning

What Makes for Good Case Management



- Caseload sizes that match scope of responsibility and take into account the level of support individuals will need
- Supervision and consultation that is easily accessible to case managers
- Freeing case managers of budget decisions—using resource allocation so that the person and case manager already know the budget and can just get to work
- Tools to get the work done (IT systems)

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Good Case Management



Responsibility and AUTHORTY

- Case managers must be vested with the authority to intervene and require change when things are not right
- o Their supervisors and the state must "have their back"
- When case managers are seen as, "just another direct service provider" they cannot effectively exercise needed authority

Which bring us to....

What is a conflict of Interest?



AND WHY DOES IT MATTER?

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Conflict of Interest...



•A "real or seeming incompatibility between one's private interests and one's public or fiduciary duties."***

*** Black's Law Dictionary, Eighth Ed., Thomson West, St Paul, MN (2004)

What is a "private interest"?



- "Private interests" are those natural to any business interested in its own survival in a competitive environment. For example, a provider might have an interest in:
 - Maximizing revenue (*e.g.*, by increasing the number of people it serves and the amount it is paid for services),
 - Minimizing costs (*e.g.*, minimizing the costs associated with meeting the needs of the people it serves), and
 - Improving its competitive position relative to others (*e.g.*, promoting awareness of its service). ***

*** Booth and Griffin., "Addressing Potential Conflicts of Interest Arising from the Multiple Roles of Colorado's Community Centered Boards", December 2007, Muskie School of Public Service,p.10.

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Case Management Conflict of Interest



When case management systems have the same entity both assisting an individual to gain access to services and providing services to that individual, there is potential for conflict of interest in:

- Assuring and honoring free choice
- Overseeing quality and outcomes
- oThe "fiduciary" relationship

Conflict of Interest: Choice



- Person centered planning is about informed choice
- Case managers have the responsibility to support informed choice
- Medicaid requires full freedom of choice of types of supports and services and individual providers
- In conflicted situations, service "steering" may consciously or unconsciously occur

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Quality and Outcomes: "Self-Policing"



- Self-policing occurs when an agency or organization is charged with overseeing its own performance.
- Self-policing puts the case manager is in the difficult position of:
 - Assessing the performance of co-workers and colleagues within the same agency
 - Potentially having to report concerns to their mutual supervisor or executive director.



Self-Policing...does not work well because



- The case manager may have to negatively assess the performance of their co-workers, supervisors and leadership
- Case managers do not have the position or degree of authority within the organization to require changes of other staff.
- On a personal level, case managers may find themselves reluctant to criticize co-workers. Self-policing puts the case manager in a VERY difficult position.
- May lead to a focus on the convenience of the service provider rather than being person-centered—if the service is "good enough" may be no impetus to assist someone to change
 - o Example: Group residential to supported living; day programs to employment

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Fiduciary Conflicts: Who has a financial stake??



- Incentives for either over- or under-utilization of services
 - Person is "costing too much" or "we're not being paid enough"
- Potential of pressure or interest in "steering" the individual to their own organization
- Potential pressure for retaining the individual as a client rather than promoting choice, independence and requested or needed service changes

Around the Nation



- You knew this....there is no "perfect" case management system anywhere
- But there are many that are fully independent of services provision, for example:
 - CA, FL, GA, ID, IN,LA, MD, MT*, NJ, NM, have "standalone" case management agencies whose mission and function is case management
 - AZ, CT, DC, HI, IA, MA, MN, ND, NE, NJ, OK, OR, PA, RI, WA, use government entities (State, county. community board employees) again whose role is case management

* Adult CM is independent

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And CMS is strengthening CFCM



- Clearly CMS is promoting conflict-free case management
- With each new HCBS authority CMS has strengthened CFCM regulations
 - HCBS—allows providers to do case management but must describe safeguards in detail
 - Balancing Incentives Program—must develop a plan for structural change to achieve CFCM
 - 1915(i) State plan HCBS—requires independent assessment and service planning (CFCM)

And you are not alone in making the change to CFCM

- At least four of the 13 Balancing Incentives states are making structural changes to CFCM
- At present NASDDDS is working with two states to change to CFCM
- A nearby state is also making changes to develop independent case management
- Three states applying for 1915(i) have had to create new CFCM systems and more in the pipeline

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